

*These records are protected by the Privacy Act*  
**UNITED STATES DEPARTMENT OF ENERGY**  
**NONPROLIFERATION AND NATIONAL SECURITY INSTITUTE**  
**Fax Registration Form**

**FAX:** (505) 845-4567  
(505) 845-5170, Ext. 310

**Verification:**

Please submit to Registrar, Nonproliferation & National Security Institute (NNSI),  
Wackenhut Services Incorporated.

DOE Operations/Field Office:

\_\_\_\_\_

Course Name & Number: \_\_\_\_\_ Class Dates:

\_\_\_\_\_

<b>TO BE COMPLETED BY NNSI REGISTRAR ONLY     E=Enrolled     W=Wait</b>
---

1) \_\_\_\_\_

\_\_\_\_\_  
Last Name, First, Middle Initial  
First, Middle Initial

\_\_\_\_\_

\_\_\_\_\_  
Job Title

\_\_\_\_\_

\_\_\_\_\_  
Social Security Number  
Number

\_\_\_\_\_

\_\_\_\_\_  
Prerequisite(s) and Date(s)  
and Date(s)

\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_

\_\_\_\_\_  
Full Mailing Address  
Address

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
Last Name, First, Middle Initial

\_\_\_\_\_

\_\_\_\_\_  
Job Title

\_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_

\_\_\_\_\_  
Prerequisite(s) and Date(s)

\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_

\_\_\_\_\_  
Full Mailing Address

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_  
Last Name,

\_\_\_\_\_

\_\_\_\_\_  
Job Title

\_\_\_\_\_

\_\_\_\_\_  
Social Security

\_\_\_\_\_

\_\_\_\_\_  
Prerequisite(s)

\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_

\_\_\_\_\_  
Full Mailing

\_\_\_\_\_

\_\_\_\_\_

E-mail Address

E-mail Address

E-mail Address

Medical Statements are attached for the following students:

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Authorized NNSI POC: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ POC Phone Number: \_\_\_\_\_ POC FAX  
Number: \_\_\_\_\_

**TO BE COMPLETED BY NNSI REGISTRAR ONLY**

REGISTRATION FIRST DAY \_\_\_\_\_

ENDING TIME LAST DAY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Registrar Signature/Date

\_\_\_\_\_  
Building/Classroom

**Privacy Act Statement:**

\*Authority – The Government Employees Training Act of 1958 (US Code, Title 5, Sections 4101 to 4118).

\*Principal Purpose – To obtain information necessary to document the completion of training

\*Routine Uses – To obtain basic data for the evaluation of training programs and to document participation.

\*Disclosure – Voluntary; however, failure to provide this information may result in incomplete individual training

records.